STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **EASTSIDE ACTIVE LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 TAFT STREET** **HOLLYWOOD, FL 33020**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure Complaint survey, CCR #2019000277, CCR #2019000705 and CCR #2019001526 was commenced on 04/01/2019 and concluded on 04/16/2019 at Eastside Active Living, License #12023. The facility had no deficiencies at the time of the survey.

(An unannounced Revisit to the Relicensure survey was conducted in conjunction with the above complaint survey. Please see separate report for findings.)